

**SALMON BROOK PARK**  
**SUMMER PROGRAM REGISTRATION FORM**

**PARTICIPANT NAME (Last, First)** \_\_\_\_\_  
**Nick Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex** \_\_\_\_  
**DOB** \_\_\_\_\_ **Grade 9/03** \_\_\_\_\_ **School** \_\_\_\_\_  
**Address** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Daytime Phone** \_\_\_\_\_  
**Cell Phone** \_\_\_\_\_  
**Parent/Guardian Name** \_\_\_\_\_  
**In Case of Emergency, Please Notify (grandparent, babysitter...):**  
**Name** \_\_\_\_\_ **Daytime**  
**Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**PROGRAM REGISTRATION**

**SALMON BROOK PARK MEMBERSHIP** \$ \_\_\_\_\_  
Family \_\_\_\_\_ Adult \_\_\_\_\_ Youth \_\_\_\_\_  
Please name each person:

**DAY CAMP** (Please complete medical form on back) \$ \_\_\_\_\_  
Specify ✓ either week 1 or week 2 of each session  
**I** 6/23-7/3 \_\_\_\_/\_\_\_\_ **II** 7/7-7/18 \_\_\_\_/\_\_\_\_  
**III** 7/21-8/1 \_\_\_\_/\_\_\_\_ **IV** 8/4-8/15 \_\_\_\_/\_\_\_\_

Day Camp \_\_\_\_\_ Half-Day Camp \_\_\_\_\_ Super Gang Camp \_\_\_\_\_ 'Tweens \_\_\_\_\_  
Little Buddies \_\_\_\_\_ Jr. Ass'ts \_\_\_\_\_ CIT – 1<sup>st</sup> Year \_\_\_\_\_ 2nd Year \_\_\_\_\_

➤ *LESS* EARLY REGISTRATION DISCOUNT (by 6/5) \$ \_\_\_\_\_  
➤ *LESS* ADD'T'L FAMILY MEMBER \$ \_\_\_\_\_

**TEEN SIZZLERS** \$ \_\_\_\_\_  
6/26 \_\_\_\_\_ 7/10 \_\_\_\_\_ 7/24 \_\_\_\_\_ 7/31 \_\_\_\_\_ 8/14 \_\_\_\_\_

**SWIM LESSONS** \$ \_\_\_\_\_  
Jr. Lifeguard 1<sup>st</sup> Year \_\_\_\_\_ 2<sup>nd</sup> Year \_\_\_\_\_  
Community Water Safety, Sat., 6/9 & 6/26  
**Swim Lessons** \_\_\_\_\_ **Swim Level** \_\_\_\_\_ **Need testing** \_\_\_\_\_  
**I** 6/23-7/3 \_\_\_\_ **II** 7/7-7/18 \_\_\_\_  
**III** 7/21-8/1 \_\_\_\_ **IV** 8/4-8/15 \_\_\_\_

➤ **NON-RESIDENT FEES** (\$5 per session per child) \$ \_\_\_\_\_  
➤ **TOTAL AMOUNT ENCLOSED** \$ \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** I understand that in any activity there is an inherent amount of risk involved. Parent/guardian signature on this form indicates recognition of those risks, permission to participate and consent for the staff at Salmon Brook Park to secure emergency medical treatment in the event I cannot be reached.

\_\_\_\_\_  
Parent/Guardian Signature Date

**DATE REC'D** \_\_\_\_\_ **CHECK #** \_\_\_\_\_ **CASH** \_\_\_\_\_

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\_\_\_\_\_  
Parent/Guardian Signature Date

**DATE REC'D** \_\_\_\_\_ **CHECK #** \_\_\_\_\_ **CASH** \_\_\_\_\_

[For office Use Only] I \_\_\_\_/\_\_\_\_ II \_\_\_\_/\_\_\_\_ III \_\_\_\_/\_\_\_\_ IV \_\_\_\_/\_\_\_\_

**MEDICAL CARD – For Day Camp Only**

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Age as of \_\_\_\_\_ Grade \_\_\_\_\_

DOB \_\_\_\_\_ 7/1/04 \_\_\_\_\_ 9/04 \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father/ Father \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child Lives With: \_\_\_\_\_

The well-being of your child is very important to us. Is there anything special you would like us to know about your camper? \_\_\_\_\_

Allergies (foods, smells, hay fever, poison ivy, insect bites, asthma, etc.) & medications: \_\_\_\_\_

What activities can your child NOT participate in? \_\_\_\_\_

Why? \_\_\_\_\_

What medications is your child currently taking? \_\_\_\_\_

What for? \_\_\_\_\_

List meds your child has to bring to camp: \_\_\_\_\_

**PLEASE NOTE:** The staff does NOT administer medications; if a camper is unable to administer them him/herself, a parent is required to come to camp to administer them.

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

[For office Use Only] I \_\_\_\_/\_\_\_\_ II \_\_\_\_/\_\_\_\_ III \_\_\_\_/\_\_\_\_ IV \_\_\_\_/\_\_\_\_

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Camper's Name \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Age as of \_\_\_\_\_ Grade \_\_\_\_\_

DOB \_\_\_\_\_ 7/1/04 \_\_\_\_\_ 9/04 \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father/ Father \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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Parent/Guardian Signature

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Date